

WASHINGTON DEPARTMENT OF FISH AND WILDLIFE

WDFW ADA DECISION APPEAL FORM

Mail to: WDFW, Human Resources Director, PO Box 43139, Olympia, WA 98504 (360) 902-2349 or TDD (360) 902-2207

Please Print Clearly	APF	PLICANT INF	ORMATION F	REQUIRED			
LAST NAME						MIDDLE	SUFFIX JR / SR
MAILING ADDRESS			PHYSICAL ADDR	ESS		•	
CITY	STATE	ZIP	CITY			STATE	ZIP
SEX HEIGHT FT. IN.	WEIGHT	DOB	•	EYE COLOR		HAIR COLOR	•
WILD ID	EMAIL			•	PHONE		
I hereby certify under penalty o is true an Applicant's Signature	d correct. RC	W 77.15.650	(1)(a) Penalty	Providing F	alse Inforn		-
Reque	st for A	ccommo	dation /	Appeal	State	ment	
you disagree with an ADA Human Resources Director, respond to your appeal with Please state the basis of your	, PO Box 43 hin 45 days	3139, Olym of receipt.	pia, WA 985				•

ADA Decision Appeal Form

Accommodation Requested:	(Please print clearly)							
WDFW USE ONLY BELOW								
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□ AP	PROVED	NOT APPROVED						
	45.1							
	45 day completion date:							
		 Date Received						